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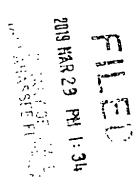
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B. BRUCE APR 0 8 2019

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	& M PLA	ANT NURSERY LLC				
SUBJECT:		Name of Lin	nited Liability Company			
The enclosed A	rticles of a	Amendment and fee(s) are sub	omitted for filing.			
Picase return al	Leorrespo	ndence concerning this matter	to the following:			
		WRAY ABERCROMBIE				
		ABERCROMBIE ACCOU	Name of Person JNTING			
			Firm/Company			
16115 SW 117th AVE #25					2019	
		MIAMI FL 33177	Address		# FD #	7
		wrayabercrombic@msn.com	City/State and Zip Code	-	· 图象 王 · · · · · · · · · · · · · · · · · ·	
For further info	rmation co	E-mail address: (oncerning this matter, please c	to be used for future annual repall:	ort notification)	<u>9</u>	
WRAY ABER	CROMBI	E	305 253-8	713		
	Name of	f Person	Area Code	Daytime Telephone Number	 -	
Enclosed is a cl	neck for th	ne following amount:				
□ \$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	te of Status &	
	Registra	NG ADDRESS: ation Section n of Corporations ox 6327	Registration	Corporations		

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A & M PLANT NURSERY ELC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 7/16/2018 and assigned
lorida document number L18000171404	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
OTE MIAMI LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	7
Enter new mailing address, if applicable:	23
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
			□ Change
			☐ Remove
			Change
			□ Remove
			DEAdd Parket
		· 	☐ Change
			Add
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3/27/2019					
fective date, if other than the date of filing:		(optional)		
ote: If the date inserted in this block does not meet the applical	o date of filing o ble statutory fi	r more than 90 days ling requirements	after filing.) Pursua , this date will no	nt to 605. t be liste	.020 ed a
ecument's effective date on the Department of State's records.					
record specifies a delayed effective date, but not	an effectiv	e time lat 12:0	Olamonthe	earlie	or (
The 90th day after the record is filed.	arr criedery		01 0,1111 0,11 0,11	curre	-, ,
MARCH 27 2019					
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Signature of a member or author	Crav	lee			
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Page 3 of 3

Filing Fee: \$25.00